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Effe	tive on 12/08/200	14.	_			plete if Knowr			
FEE TRANSMITTAL				Filing Date D		10/735,592-Conf. #2533 December 11, 2003			
									Fo
						1645			
Applicant claims small entity status. See 37 CFR 1.27				AITOIN		C1037.70038US01			
TOTAL AMOUNT OF PAYMENT (\$) 180.00				Attorney Docket No. C1037.7003808			501		
METHOD OF PAYM	ENT (check al	that apply)							
Check X Credi	t Card	Money Order	None		please identi				
Deposit Account	eposit Account Nu	mber. 23/	2825	Deposit	Account Nam	w Wolf, Green	field & Sac	ks, P.C.	
For the above-id	entified deposi	t account, the D	irector is h	ereby authorize	d to: (che	ck all that apply)			
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X Charge an	y additional fee	e(s) or underpay	ments of	x Credit	any overp	ayments			
FEE CALCULATION									
1. BASIC FILING, SEAF		AMINATION FE	ES		-				
	FILI	NG FEES	SEAF	RCH FEES	EXAMI	NATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)	
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
	330	165	540	270	650	325			
Reissue	220	110	0	2/0	050	0			
Provisional		110	U	U	U	U		Small Entity	
2. EXCESS CLAIM FEE	5						Fee (\$)	Fee (\$)	
Fee Description	luding Reicen	ea)					52	26	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent clair		ing reisses)					390	195	
				Paid (\$)		Multiple Depend	ent Claims		
- 20 or HP		7 2.0 (0)	Fee (\$) Fee Paid (\$)						
HP = highest number of tota	I claims paid for, i	f greater than 20.						_	
indep. Claims				Paid (\$)					
- 3 or HP =		× =							
HP = highest number of ind	ependent claims p	aid for, if greater the	an 3.						
<ol> <li>APPLICATION SIZE</li> <li>If the specification and listings under 37 C</li> </ol>	drawings ext FR 1.52(e)), th	ne application si	ze fee due	is \$270 (\$135	for small	filed sequence or entity) for each a	computer dditional 5	0	
sheets or fraction ti Total Sheets	Extra Sheets		of each ad	ditional 50 or fra	ction there		Fee	Paid (\$)	
- 100 =		/60 =		round up to a wh	ole number	) ×	=	Paid (\$)	
<ol> <li>OTHER FEE(S)</li> <li>Non-English Specific</li> </ol>	6120	for the small of	ntitu diano	ent)			rees	Paid (\$)	
Other (e.g., late filin					Disclosure	Statement	18	30.00	
SUBMITTED BY \		4.6							
Signature No			- 1	Registration No.	39,248	Telephone	617.646.8000		
1	C. Lockhart					Date	August 9	. 2009	

Cer	tificate of Electronic Filling Under 37 CFR 1.8
I hereby certify that this paper (along with any paper	or referred to as being attached or enclosed) is being transmitted via the Office electronic filling
system in accordance with § 1.6(a)(4).  Dated: August 4, 2009	Signaturo: amelia . A. Hennessas S. Lennon)